

Government News

New Freedom Commission Members Assess Report's Impact

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A follow-up review by mental health reform proponents chronicles the many needs of mentally ill individuals and the areas in which some progress has been made in recent years.

As members of a disbanded presidential body reunited to assess the progress of mental health reform and listen to the emotional testimony of those who struggle with mental illness and suicide, it became clear that much work remains to be done.

Nearly all members of the 2002-03 President's New Freedom Commission on Mental Health informally reconvened March 29 in a Washington D.C., Senate hearing room to consider progress and remaining challenges in the areas of suicide prevention, mental health care for veterans, and business' support of mental health care.

The panel witnesses who testified before the commission included a former Army captain, Stefanie Pelkey, who recounted the efforts of her Iraq War veteran husband to obtain needed mental health care. He eventually committed suicide.

The hearing, sponsored by the Campaign for Mental Health Reform, highlighted the extent of the challenge military and veterans' health care systems face to provide adequate care for large numbers of returning combat veterans at great risk for mental illness.

Frances Murphy, M.D., undersecretary for Health Policy Coordination at the Department of Veterans Affairs (VA), said the growing numbers of veterans seeking mental health care has put emphasis on areas in which improvement is needed. She noted that some VA clinics do not provide mental health or substance abuse care, or if they do, "waiting lists render that care virtually inaccessible."

Some progress has been made since the commission's report, she said, including initiation of an antistigma campaign urging people to talk about suicide and organization of a national training conference on peer support.

Veterans' Mental Health Targeted

Joy Ilem, assistant national legislative director of Disabled American Veterans, commended the VA and Department of Defense for trying to improve their mental health care systems along lines urged by the commission. Pre- and post-deployment health

assessments have greatly enhanced detection and treatment of mental diseases, she said, while some progress has been made in reducing the stigma attached to these disorders.

She urged the VA to continue its commitment to implementation of a national mental health strategic plan stemming from the commission's recommendations. The VA still needs a "continuum of care" that treats veterans with mental illness and fully supports reintegration of veterans back into society. Extension of free VA health care for returning veterans with duty-related illness from two years to five years after active duty will also enhance veterans' mental health, Ilem said.

Effort Changing Public Perception

A. Kathryn Power, director of the Center for Mental Health Services (CMHS), told commission members about progress in changing the language people use to talk about mental illness, a needed first step in changing how mental illness is perceived by the public. One example of the effort to change the conception of mental illness was the launch of a national antistigma campaign to educate Americans about mental illnesses and recovery and to encourage those who need help to seek it. Another effort to change the public's perception of mental illness was the 2005 launch of the Voice Awards, which recognize writers and producers of television and film whose work depicts individuals with mental illness with dignity and respect.

Following the commission's recommendations, Power said, the Substance Abuse and Mental Health Services Administration (SAMHSA) launched a "mental health transformation" program to improve the way mental health services are perceived, accessed, delivered, and financed. The creation in 2005 of a federal executive steering committee of 21 assistant secretaries and deputy commissioners from nine federal departments and agencies is intended to eliminate regulatory and funding barriers. These efforts show that the government is trying to lead the states and local mental health providers by example, she said.

Concrete steps in 2006 will include the distribution of nearly \$36 million in SAMHSA grants to help seven states develop the infrastructure for systemic changes called for by the commission, such as linking together education, justice, and children's services as part of the effort to detect and treat mental illness.

"We will use the experience of the seven grant states to advise other states on strategies that work best in developing comprehensive service systems," Power said.

The commission's effort to improve communication about mental illness was a theme among those who addressed the threat of suicide. Ileana Arias, Ph.D., director of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention, said the agency hopes to change the culture to allow an open discussion of the problem. The ability to discuss suicide will improve the social support available to people contemplating suicide and increase the likelihood that those in danger will receive care.

"We want to change the norms about suicide so that individuals do not feel any hesitation to access whatever services and resources are available in the event that they start to experience suicidal ideation," Arias said.

An example of "culture" change they plan to use is the Air Force's successful effort to change how suicide is addressed among its ranks by service providers, commanders, and those contemplating suicide.

"The real leadership to make change—and we have only just begun—actually came from survivors and people who had direct experience with suicide, not from us professionals," said Michael Hogan, Ph.D., chair of the commission.

One area in which progress toward improvements called for by the commission is occurring is in how business approaches mental health care. Although the commission largely avoided direct calls for business-initiated action, its treatment goals have been seized upon by some in the business community.

A health care organization that represents 62 of the Fortune 100 companies, the National Business Group on Health (NBGH), produced a series of recommendations for its members, some of which have been adopted. The changes the group advocates include providing coverage of mental illness at parity with other types of illnesses.

Screenings for mental health and other conditions among employees could save workers and their employers money over the long term, said Henry Harbin, M.D., chair of the NBGH Behavioral Health Work Group. "I don't believe we are asking businesses to do anything out of the ordinary or what they aren't already providing for other types of health problems," Harbin said.

APA Vice President Nada Stotland, M.D., commended the group for its efforts and urged more privacy protections for workers' health care information. Those who need mental health care need guarantees that when they seek treatment it will not be used against them by an employer, she said.

Copies of the commission testimony are posted at <www.mhreform.org/>; the commission's July 2003 report is posted at <www.mentalhealthcommission.gov/>. ■